

Springdale Fire Department

Live Fire Training Inspection Form

Results/Condition of Area Inspected:	List Specific Area Inspected Below:
OK <input type="checkbox"/>	Structural Integrity
Problems/Concerns/Comments:	
OK <input type="checkbox"/>	Utilities Disconnected
Problems/Concerns/Comments:	
OK <input type="checkbox"/>	Interior wall and ceiling coverings
Problems/Concerns/Comments:	
OK <input type="checkbox"/>	Holes in walls/ceiling
Problems/Concerns/Comments:	
OK <input type="checkbox"/>	Materials of exceptional weight above training area
Problems/Concerns/Comments:	
OK <input type="checkbox"/>	Pre-cut ventilation openings
Problems/Concerns/Comments:	
OK <input type="checkbox"/>	Windows checked and operated
Problems/Concerns/Comments:	
OK <input type="checkbox"/>	Doors checked and operated
Problems/Concerns/Comments:	
OK <input type="checkbox"/>	Building components checked and operated
Problems/Concerns/Comments:	
OK <input type="checkbox"/>	Roof/attic scuttles
Problems/Concerns/Comments:	
OK <input type="checkbox"/>	Stairways safe-railings in place
Problems/Concerns/Comments:	
OK <input type="checkbox"/>	Chimney checked for stability
Problems/Concerns/Comments:	

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Results/Condition of Area Inspected:	List Specific Area Inspected Below:
OK <input type="checkbox"/>	Fuel tanks/closed vessels removed or adequately sealed
Problems/Concerns/Comments:	
OK <input type="checkbox"/>	Unnecessary inside/outside debris removed
Problems/Concerns/Comments:	
OK <input type="checkbox"/>	Porches and outside steps made safe
Problems/Concerns/Comments:	
OK <input type="checkbox"/>	Cisterns, wells, cesspools or other ground openings filled
Problems/Concerns/Comments:	
OK <input type="checkbox"/>	Hazards from toxic weeds, hives and vermin eliminated
Problems/Concerns/Comments:	
OK <input type="checkbox"/>	Hazardous trees, brush and surrounding vegetation
Problems/Concerns/Comments:	
OK <input type="checkbox"/>	Exposures such as buildings/trees removed or protected
Problems/Concerns/Comments:	
OK <input type="checkbox"/>	All other extraordinary hazards remedied
Problems/Concerns/Comments:	

Signature _____ Date Inspected _____

Rank/Name _____